SERFF Tracking Number: AEGJ-126133247 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 42303

Company Tracking Number: LTC AEG BR AR BI 0309

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: LTC AEG BR AR BI 0309

Project Name/Number: LTC AEG BR AR BI 0309/LTC AEG BR AR BI 0309

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: LTC AEG BR AR BI 0309 SERFF Tr Num: AEGJ-126133247 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTC AEG BR AR BI State Status: Closed

0309

Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett

Authors: Pamm Davis, Joan

Shumaker

Date Submitted: 05/06/2009 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: LTC AEG BR AR BI 0309 Status of Filing in Domicile: Not Filed

Project Number: LTC AEG BR AR BI 0309 Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: Advertising filing

not required in domicile state (lowa).

Disposition Date: 05/11/2009

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Individual

Group Market Type:

Group Market Type:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 05/11/2009 Explanation for Other Group Market Type:

State Status Changed: 05/11/2009

Deemer Date: Corresponding Filing Tracking Number: LTC

AEG BR AR BI 0309

Filing Description:

Please see cover letter in "Supporting Documentation" tab.

Company and Contact

Company Tracking Number: LTC AEG BR AR BI 0309

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: LTC AEG BR AR BI 0309

Project Name/Number: LTC AEG BR AR BI 0309/LTC AEG BR AR BI 0309

Filing Contact Information

Pamm Davis, Advertising Analyst Trainee pamdavis@aegonusa.com
P.O. Box 93007 (800) 553-7600 [Phone]
Bedford, TX 76053-3007 (817) 285-3394[FAX]

Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa

P O Box 93005 Group Code: 468 Company Type:
Hurst, TX 76053-3005 Group Name: State ID Number:

(800) 553-7600 ext. [Phone] FEIN Number: 39-0989781

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: \$25 per advertisement (\$25 x 2=\$50)

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Transamerica Life Insurance Company \$50.00 05/06/2009 27679295

Company Tracking Number: LTC AEG BR AR BI 0309

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: LTC AEG BR AR BI 0309

Project Name/Number: LTC AEG BR AR BI 0309/LTC AEG BR AR BI 0309

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	05/11/2009	05/11/2009

Company Tracking Number: LTC AEG BR AR BI 0309

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: LTC AEG BR AR BI 0309

Project Name/Number: LTC AEG BR AR BI 0309/LTC AEG BR AR BI 0309

Disposition

Disposition Date: 05/11/2009

Implementation Date: Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: LTC AEG BR AR BI 0309

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: LTC AEG BR AR BI 0309

Project Name/Number: LTC AEG BR AR BI 0309/LTC AEG BR AR BI 0309

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter		Yes
Supporting Document	Variables		Yes
Form	Brochure		Yes
Form	Brochure Insert		Yes

Company Tracking Number: LTC AEG BR AR BI 0309

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: LTC AEG BR AR BI 0309

Project Name/Number: LTC AEG BR AR BI 0309/LTC AEG BR AR BI 0309

Form Schedule

Lead Form Number: LTC AEG BR AR 0309

Review	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Status	Number			Data		
	LTC AEG	Advertising Brochure	Initial			LTC AEG BR
	BR AR					AR 0309
	0309					Brochure.pdf
	LTC AEG	Advertising Brochure Insert	Initial			LTC AEG BI
	BI 0309					0309
						Brochure Plan
						Insert.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

TransCare Options®

A Plan Designed for a Changing Future™



individual long term care insurance





individual long term care insurance

The Family Impact

Long term care is a family matter. Children often fill the role of caregiver for their parents. Without long term care insurance for their father, Theresa² and her sister divided the responsibilities of caring for him. Theresa worked a full time job and ensured her father never missed a doctor's appointment. She also made sure her father had everything he needed to be comfortable during his illness. Theresa recalls, "It was one of the hardest times of my life, but you do what you have to do."

For many, this role becomes too demanding. An estimated 44.4 million Americans are caregivers to adult friends or family members.¹ If you have to work to support your family, the role of caregiver may become even more burdensome. Caregivers may sacrifice leisure time, and may suffer stress-related illnesses. Negative effects on working caregivers include lost time from work, lower productivity, quitting a job to give care, lost career opportunities and lower future earnings.

²Theresa B, Claims, Transamerica Long Term Care Division.

Helping Secure Your Tomorrow - TODAY

We all live busy lives. We transition from one role to another constantly. Along with being busy with your job, you may be helping one of your parents with a health care or long term care issue, attending your child's high school functions, sending your son or daughter off to college, or even becoming a grandparent for the first time. But, whatever life brings you today, owning a long term care insurance policy can help you feel more secure about the uncertainty of transitioning to tomorrow.

Thinking back, it would have been so nice to have peace of mind of having long term care insurance. Instead, we randomly had to look in the newspaper for what we hoped would be a qualified person to help our dad.

-Theresa B., Claims, Transamerica LTC Division

The Cost of Long Term Care

The average cost in the United States for a private room in a nursing home is \$\$76,285¹, and the average cost of an assisted living facility is \$36,096¹ a year. Home care can be expensive too. A visit from a home health aide three times per week for 4 hours per visit can cost an average of \$18,096 a year.¹ You can see how these costs can negatively impact an individual or family's savings.

What is Long Term Care Insurance?

Long term care insurance can help protect you from the cost of long term care because of help you may need due to an accident, prolonged illness, or disability making it difficult for you to care for yourself. Long term care insurance doesn't just pay for nursing home stays either. It can pay for services you need to help you stay at home, such as home modifications, caregiver training and homemaker services or more professional care such as an assisted living facility or other approved facilities.

¹ Information available at http://www.longtermcare.gov. Accessed May, 2009 a copy is available from Transamerica Life.

Long Term Care Insurance Now Instead of Later

One of the determining factors in setting your initial premium is not only your general health but also your age. Therefore, the younger you are when you apply for coverage, the lower your initial premium may be. To learn more about the cost of waiting, visit the "Cost of Waiting" page on our website, www.TransamericaLTC.com. Aside from premium amount, another reason you should consider buying long term care insurance now rather than later is the simple risk of needing long term care sooner rather than later. Did you know that 40% of those who need long term care services are under the age of 65?¹

Available Discounts

Reduced rates may be available to you and your family members who qualify. Additionally, should you relocate or change membership, the premium discounts will continue as long as your policy remains in effect.

Who is Eligible to Apply?

If you are age [18 through 79], you are eligible to apply. [You may only have to answer limited health questions if you are under the age of 65. However, if you are 65 or older or if you are an eligible family member and wish to apply for coverage, additional health questions will need to be answered.]

How Do I Become Eligible for Benefits?

We must receive a Plan of Care from a Licensed Health Care Practitioner (your doctor, a registered nurse or a licensed social worker) that must certify within the last 12 months:

1. You require assistance due to your inability to perform at least two Activities of Daily Living (bathing, continence, dressing, eating, toileting, and transferring) for a period expected to last at least 90 days.

OR

2. You require continual supervision due to a Severe Cognitive Impairment.

Benefit Highlights

Elimination Period

Like your health insurance deductible, this is the amount of expenses you are financially responsible to pay before the policy begins to pay benefits. Once you satisfy the Elimination Period even if it's over more than one claim period, it need never be satisfied again.

¹ Shelton, Phyllis. <u>Long Term Care: Your Financial Planning Guide.</u> Tennessee LTCI Publishing 2007.



Your entire life can change before you know it. It happens to real people.

individual long term care insurance

Maximum Daily Benefit

Each day that expenses are incurred for your covered long term care, the policy pays those actual out-of-pocket charges incurred up to a maximum daily dollar amount that you choose. Example: If your maximum daily benefit was \$100 and you were charged \$80 for home health care received on Tuesday, the policy would pay \$80 for those charges you incurred on Tuesday. However, if you were charged \$120 for home health care you received on Thursday, the policy would pay \$100 of the \$120. You would need to fund the remaining \$20.

Maximum Benefit

While you are insured, this is the maximum dollar amount that the policy will pay. It is a sum of money that you will have available to pay for your covered long term care once you qualify for benefits. You will need to determine what this amount should be depending on your budget and the amount of assets you wish to help protect.

Care Coordination

This coverage includes a Care Coordination benefit. Although you do not have to use a Care Coordinator to receive benefits from the Policy, the Care Coordinator can work with you to assess your needs; help establish a Plan of Care; monitor your progress; and provide a referral list of care providers. The Care Coordinator is a Licensed Health Care Practitioner. There will be no charge for the services of a Care Coordinator who is selected from our list for as long as you meet Benefit Eligibility. No amount will be deducted from your Maximum Benefit. For a Care Coordinator who is not from our list, the Maximum Lifetime Care Coordination benefit will be equal to 50 times the Maximum Daily Benefit and benefits will be deducted from your Maximum Benefit.

Home Health Care and Adult Day Care

Most people prefer to receive care at home. If you meet Benefit Eligibility and need the services of a licensed professional such as a registered nurse; practical nurse; speech, respiratory, occupational or physical therapist, the policy may pay for these services to be received in your home. It also pays benefits for covered home health aide, homemaker and companion services received in your home. Perhaps, you might just need to go to an Adult Day Care Center while your spouse or other caregiver is at work.

Alternative Payment Benefit

This benefit provides a monthly payment of ten times the Maximum Daily Benefit, directly to you. You can use this benefit any way you see fit such as paying a family member. An updated Plan of Care is required every 60 days. This benefit is paid in lieu of any other benefit under the policy.

Assisted Living Facility Benefit

You may find that you need more care than can be provided in your home and decide to move into an Assisted Living Facility. The policy will pay for covered room and board, not to exceed the charge for a one-bedroom unit in an Assisted Living Facility and for necessary Maintenance and Personal Care Services up to the Maximum Daily Benefit.

Nursing Home Benefit

If you need a higher level of nursing services and enter a Nursing Home, the policy will pay covered expenses while you are in a Nursing Home after satisfying the Elimination Period up to the Nursing Home Maximum Daily Benefit.

Nonforfeiture (additional premium required)

After your coverage has been in force for at least 3 full years, if you should decide for some reason not to continue your coverage, this benefit provides for your coverage to continue on a limited basis. (See Outline of Coverage for full details.)

Benefit Increase Options (additional premium required)

Long term care costs will continue to increase due to inflation. For this reason, you have the option of choosing a benefit increase option which provides for increases in your Maximum Daily Benefit to help keep up with increasing costs due to inflation.

Additional Benefits

NOT ALL BENEFITS AVAILABLE IN ALL STATES. PLEASE SEE THE OUTLINE OF COVERAGE FOR DETAILS.

Bed Reservation Benefit Waiver of Premium Hospice Care Benefit Restoration of Benefits

Deferred Benefit Increase Option

[Rate Guarantee]



A Word About Premium Rates

The Policy allows the company to adjust premiums as needed, with prior regulatory approval if required in your state. [We cannot increase your premiums during any applicable rate guarantee period. When the rate guarantee period ends, your premium will be adjusted by any premium increases that may occur during the rate guarantee period.] We cannot single you out for a premium increase, but we can change your premium based on our experience with all insureds in your same premium class. Once we issue your coverage, we cannot cancel your Policy as long as you pay your premium on a timely basis.

30-Day Right to Examine Your Policy

You have 30 days from the day you receive the Policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the Policy. Simply return it, within 30 days of its receipt, to Us at Our Administrative Office, or to the agent or office through which it was purchased and We will refund the full amount of any premium paid and the Policy will be void from the start.

individual long term care

insurance

Exclusions and Limitations

This policy will not pay benefits when you are eligible for confinements, treatment, services or care: (1) resulting from alcoholism, drug addiction, or chemical dependency, unless as a result of a medication prescribed by a Doctor; or (2) arising out of suicide while sane or insane, attempted suicide or intentionally self-inflicted injury; or (3) provided in a government facility (unless otherwise required by law), services for which benefits are payable under Medicare, or would be payable except for application of a deductible or coinsurance amount, or other governmental programs (except Medicaid), and services for which no charge is normally made in the absence of insurance; or (4) received outside the United States or Canada; or (5) for which benefits are payable under any state or federal workers' compensation, employer's liability or occupational disease law; or (6) that are not included in your Plan of Care; or (7) that are prohibited by federal law, including those governing economic and trade sanctions; or (8) rendered by a member of your immediate family, unless he or she is a regular employee of an organization which is providing the treatment, service or care; and the organization receives the payment for the treatment, service or care; and he or she receives no compensation other than normal compensation for employees in his or her job category.

Coverage will be provided in accordance with the terms of the policy for mental conditions, including Alzheimer's Disease, Parkinson's Disease, and senile dementia.

The exclusions regarding a member of an Insured Person's Immediate Family and confinement, treatment, service or care received outside the United States or Canada will not apply to the Alternative Payment Benefit provision.

This brochure provides only a brief summary of the coverage provided under policy TLC 1-FP (AR) 206. See the accompanying Outline of Coverage for details. Premium and benefit amounts will vary depending upon the plan selected. Your Policy will describe your coverage in detail and will be the sole basis for making any benefit determination. Capitalized terms in this brochure are defined in the Policy. The Policy is a Tax Qualified Policy designed to meet Federal Standards. Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, nor accounting advice. Please consult your tax advisor for assistance. The Schedule Page of your Policy will reflect your actual premium. It may differ from the amount on your application. This may occur as the result of any applicable discounts, and will be impacted by the premium payment mode you select. All premium amounts are subject to underwriting approval.

Home Office: Cedar Rapids, IA Administrative Office: P.O. BOX 95302 Hurst TX 76053-5302





[TransCare Options®]

For [Employees/members/Cardmembers] of

A Long Term Care insurance program designed

ABC Company

Maximum Benefit Maximum Daily Benefit (MDB) Benefit Period (BP)

Elimination Period Benefit Increase Option Rider (BIO)1

[Your Plan, Plan A] [\$XXXXX/unlimited]

\$[60 - 400] [2, 3, 4, 5, 6-year or

Unlimited1 [0, 30, 60, 90, 180 day] [Deferred BIO/3%

CBIO/5% CBIO1 Nonforfeiture Shortened Benefit Period Option, [5% CBIO] [Return of

Premium]

[Plan B]

\$[100] [4 year]

[90]-day [3% Compound BIO]

Nonforfeiture Shortened Benefit Period Option [Return of Premium at Death]

[Plan C]

\$[200] [4 year]

[30]-day [5% Compound BIO]

Nonforfeiture Shortened **Benefit Period Option** [Return of Premium at Death]

Additional Benefit[s] Rider²

INDIVIDUAL LONG TERM CARE INSURANCE

Exclusions and Limitations apply. See the attached brochure or outline of coverage for complete details or contact the company at [(800) 475-5986]. ¹Deferred Benefit Increase Option will automatically be included if no CBIO is chosen. There is an additional premium for any Compound Benefit Increase Option (CBIO). 5% CBIO must be rejected before any other BIO is purchased.

²There is an additional premium for any additional benefit chosen.

[TransCare Options®] is underwritten by Transamerica Life Insurance Company.



A Word About Premium Rates

The Policy allows the company to adjust premiums as needed, with prior regulatory approval if required in your state. We cannot single you out for a premium increase, but we can change your premium based on our experience with all insureds in your same premium class. Once we issue your coverage, we cannot cancel your Policy as long as you pay your premium on a timely basis.

See the accompanying Outline of Coverage for details. Premium and benefit amounts will vary depending upon the plan selected. Your Policy will describe your coverage in detail and will be the sole basis for making any benefit determination. Capitalized terms in this brochure are defined in the Policy.

The Policy is a Tax Qualified Policy designed to meet Federal Standards. Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, nor accounting advice. Please consult your tax advisor for assistance. The Schedule Page of your Policy will reflect your actual premium. It may differ from the amount on your application. This may occur as the result of any applicable discounts, and will be impacted by the premium payment mode you select. All premium amounts are subject to underwriting approval.

Policy series TLC 1-FP 1001 and TLC 1-FP 402 (In OK, TLC 1-FP (OK) 1001).

Company Tracking Number: LTC AEG BR AR BI 0309

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: LTC AEG BR AR BI 0309

Project Name/Number: LTC AEG BR AR BI 0309/LTC AEG BR AR BI 0309

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGJ-126133247 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 42303

Company Tracking Number: LTC AEG BR AR BI 0309

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: LTC AEG BR AR BI 0309

Project Name/Number: LTC AEG BR AR BI 0309/LTC AEG BR AR BI 0309

Supporting Document Schedules

Review Status:

Satisfied -Name: Cover Letter 05/06/2009

Comments: Attachment:

AR AEG BR filing ltr.pdf

Review Status:

Satisfied -Name: Variables 05/06/2009

Comments: Attachment:

AR AEG BR Variables.pdf



Home Office: Cedar Rapids, Iowa Long Term Care Division P O Box 95302 Hurst, Texas 76053-5302 817-285-3530 pamdavis@aegonusa.com

May 6, 2009

Commissioner Julie Benafield Bowman 1200 West Third Street Little Rock, AR 72201

RE: Long Term Care Advertising

NAIC #: 86231 FEIN #: 39-0989781

Form # / Description: LTC AEG BR AR 0309 Brochure

LTC AEG BI 0309 Brochure Insert

Dear Commissioner Bowman:

Enclosed are the referenced forms submitted for your review and approval. These forms are not intended to replace any advertising previously approved forms.

These forms will be used to solicit policy form TLC 1-FP (AR) 206 et al., which was approved by your department on May 30, 2006.

It is our intention to use this form in both paper and electronic form. Bracketed information is intended to be variable. Please see the attached Variables document.

We trust that these forms will meet with your approval. If you have any questions, please contact me at 800-553-7600, x3530, or pamdavis@aegonusa.com.

Sincerely,

Pamm Davis Advertising Analyst Trainee

Long Term Care Division

LTC AEG BR AR 0309 & LTC AEG BI 0309 VARIABLES

LTC AEG BR AR 0309

Page 4:

Under "Who is Eligible to Apply?" "age" is variable, depending upon the employer or association group it is being used for.

Page 6:

Under Additional Benefits, "Rate Guarantee" will only show on brochure if it is applicable

Page 7:

Under A Word about Premium Rates, the 2nd and 3rd sentences will only show if Rate Guarantee is applicable.

LTC AEG BI 0309

Cover Page:

The Product Name is variable in the header and footer of this page, depending upon the employer or association group it is being used for. The variables could be:

Transitions by Transamerica

SecurePath LTCi

TransCare Options

TransCare

For "Employees", will be Employee, Member or Card members to which the offer is being

"ABC Company" will always be the Employer/Association Name.

Plan A shows all of the variables. Plans B & C only show if alternative quotes are requested.

"Additional Benefit" will always show with Nonforfeiture Shortened Benefit Period Option (NSBO). "Additional Benefits" will show if both NSBO and Return of Premium are being offered. The corresponding footnote #2 will print, depending upon the offer.

The Phone number is variable because each employer/association is assigned a unique phone number for employees/members and their families to call licensed producers.